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ABSTRACT

Children's fears can have a self-preserving and motivational quality or have an inhibiting or debilitating effect. Counselors can use three levels of intervention for the prevention of disturbances related to fear and anxiety. The first of these focuses on developmental guidance and counseling activities designed for all children to develop a sense of control, security, and self-worth. The second level of prevention should focus on higher risk children--those who have been exposed to traumatic events and who are therefore more susceptible to developing fear related problems. Finally, the third level should focus on children who are actually in the process of experiencing fear disturbances and who lack the ability to cope with these fears.

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Coping With Fears and Stress

Edward H. Robinson III and Joseph C. Rotter

Introduction

Children's fears can have a self-preserving and motivational quality or have an inhibiting or debilitating effect. According to Morris & Kratochwill (1983) 4% to 8% of all children in the United States will receive clinical treatment for fear-related disorders. The numbers of untreated population often run as much as two times those of the treated population. In a recent survey of teachers in American international schools, the vast majority of teachers believed that children were adversely affected by fears and that as many as 50% were not functioning effectively at some time because of fear-related concerns (Robinson, Rotter, Fey, & Robinson, 1991).

Environment vs. Heredity

The controversy of heredity versus environment is always an issue in examining the development of attributes in children. Kagan (1986) has been engaged in a longitudinal study of children from birth to age 8. His findings suggest that children may have some inherent predisposition toward fearfulness. Some children are much more prone to fearful behaviors from birth than other children. He also noted that over a period of 8 years some children who were more fearful at birth became less so and some who were less fearful became more so. This suggests that, although there may be a hereditary link involved in the development of fear, environmental factors also play a large part in the development of children's fears. Although Kagan's research suggests that some children will be prone to react more to fear objects, it is generally agreed that all children will exhibit fears and, while many are transitory in nature, the fears appear at about the same age for most children (Morris & Kratochwill, 1983; Robinson, Robinson, Whetsell, & Weber, 1988).

Fear Cycle

Fear is the anticipation of or awareness of exposure to injury, pain, or loss. A fear object, then, is any object or conceptualization that the child anticipates might cause injury, pain, or loss. The degree of fear is related to the child's perception of vulnerability. In the fear cycle, the child perceives an object or concept, which is compared with one's sense of self and one's personal resources. The child may experience this with a sense of power and a feeling of confidence (affect); the child may realize that he or she has the resources to deal effectively with the source of potential threat (cognition); the child may get butterflies (physiological response); and then the child may take some action (behavioral response). As a result of the action, the child again examines the potential threat of the fear object. The degree to which the child's action lessens the potential threat influences the child's perception of the fear object. The more children successfully handle such situations, the less vulnerable they may feel. Conversely, the less successful they are, the more vulnerable children may feel. Vulnerable children may express more concerns about an array of fear objects and may generally approach new situations with greater trepidation. Some children may be generally successful but maintain "unreasonable fears" with regard to a particular fear object.

Foundations of Successful Coping

Children who have confidence in their ability to master and control events and challenges in their lives are less vulnerable to fear. These children have a sense of personal power. In contrast, a child who feels helpless in the face of danger is vulnerable to fears. Related to power are these three important constructs:

Self-worth. Children who feel good about themselves, hold themselves in high esteem, and experience success in meeting normal developmental tasks have well developed concepts of self-worth. Based on this success identity, they are more likely to have the confidence needed to explore and attempt new strategies to overcome fears.

Security. Children who have adults in their lives who care for and encourage them develop a sense of security. Because they have allies on whom they can count, they are able to build supportive interpersonal relationships with peers and adults.

Control. Children who have been given some autonomy in decision making learn they have a degree of control over their lives. They learn to assess their strengths and weaknesses and accept that coping with dilemmas in life is a natural part of growing up.

Terrors

Children can be adversely affected by disasters and terrors (Figley & McChubbin, 1983; Terr, 1981; Trautman, 1987). A traumatic event in a child's life can lead to fear-related problems that interfere with the child's normal functioning. A child who otherwise is functioning on a high level with regard to the concepts of control, self-worth, and security may develop reactions to specific fear objects in this way.

Efficacy of Current Approaches

Counselors approach work with children on issues of stress anxiety and fear from the particular theoretical background to which they might adhere. The literature suggests that both insight and behavioral approaches can work with some children (Miller, Barrett, Hampe, & Noble, 1972). However, each approach does not seem to work with all children. This suggests that while effective, each of the current approaches to counseling children regarding their fears has some limitations.

Since the development of counseling models has not yet reached the point of explaining all phenomenon it is important that we

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continue to develop more comprehension models and organize intervention strategies into a systematic approach that can be effective with a broad range of children under varying circumstances.

Counselor Strategies

Counselors need a multifaceted delivery system that integrates strategies along a continuum for primary prevention of disturbances related to fear and anxiety. The model suggested here posits three levels of intervention. The first level focuses on developmental guidance and counseling activities designed for all children to develop a sense of control, security and self-worth and activities that help children's exploration of normative childhood fears in order to "gauge it to the power of proper reaction" (Hall, 1897).

The second level of prevention should focus on higher risk children. Children who have been exposed to traumatic events in life are more susceptible to developing fear-related problems. Such events can be collective, such as Hurricane Hugo in South Carolina in 1989 or the San Francisco earthquake of the same year, or they can be of more limited scope affecting several children or just one.

Finally, those children who are experiencing fear disturbances are the target of the third level of intervention. The time to prevent the downward cycle is when the child is first experiencing a lack of effective coping regarding fear and anxiety.

1. Developmental Interventions

The goal of developmental intervention is to assist all children in making successful transitions in meeting life's challenges in the present and to build skills, knowledge and awareness to be successful in the future. In this case it means helping children develop successful strategies in coping with normative aspects of fear and stress and promoting the child's sense of control, security and self-worth that generally lead to successful coping.

Knowing information about normative fears in childhood allows the counselor to design activities that help children explore these fears and to develop an understanding of coping strategies for meeting their needs in dealing with them.

The second developmental approach is one many school counselors may already be using, working to help children develop a better sense of control over the life course by providing activities on decision making, helping children develop a sense of their strengths through success experiences and increasing a sense of self-worth by providing activities that stress interpersonal skills.

2. High-Risk Children

Children who have experienced personal terrors or disasters or are experiencing a high level of stress are more likely to develop coping problems related to fears and stress. Individual instances related to moving, changing schools, failure, loss of a close relative, divorce, or bodily injury often place children in a vulnerable position in life. Disasters such as earthquakes, hurricanes, or acts of violence such as mass shootings or war affect large numbers of children at the same time. In such situations the counselor will wish to target these children, parents, teachers for special intervention. Group counseling activities that help children explore self in relationship to their life events are most appropriate. Consultation with parents and teachers on the signs of post traumatic stress symptoms and activities they can do to help children put such events into perspective is another important intervention strategy for high-risk children.

3. Fear-Related Problems

Helping children who are experiencing an inability to cope constitutes the third level of prevention. A summary of the research indicates that children who are helped as soon as possible regarding fear-related problems are most likely to develop ways to overcome those difficulties (Robinson, Rotter, Fey, & Robinson, 1991). When fear-related problems do surface early intervention prevents more severe problems.

In counseling the fearful child the first stage should be devoted to providing a cathartic release for the child, validating the child's fear (the child's fears, no matter how mystical or imaginary, are real to the child) and establishing a relationship characterized by trust and open communication.

The second stage deals with assessing the child's relationship with the fear. Does it seem that the child's difficulty focuses specifically on one fear object or multiple objects? Does the fear seem to be situationally specific or more generalized? Does the child seem to have a strong or weak sense of control, security, self-worth?

In stage three the counselor may choose systematic desensitization, cognitive restructuring, cognitive self-control, relaxation training or a combination. Or the counselor might choose a life skills training approach.

The final and fourth stage is evaluation. How well do the strategies employed help the child improve?

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